

Member decision on exiting from a retirement fund

Protection of Personal Information Disclosure

Why Personal Information is required: Sanlam Life Insurance Limited ("Sanlam Life"), a subsidiary of Sanlam Limited, will process and protect your personal information as required by relevant laws and the Constitution of the Republic of South Africa ("RSA"). The personal information requested in this form, which may include special personal information is being collected and will be processed for the following purposes:

- underwriting and providing accurate and effective insurance cover and related value-added services;
- member communication;
- market research and statistical analysis;
- verification of the personal information provided;
- to comply with all legal and regulatory requirements, including applicable codes of conduct;
- for operational and administrative processes to protect Sanlam Life's interests

Failure to provide the mandatory information will prejudice your insurance cover.

Changing and correcting Personal Information: You have the right to:

- Request a copy of your personal information as processed by Sanlam Life;
- Ask for an update and/or correction of your personal information;
- Lodge a complaint with the Information Regulator.

Sanlam Life may charge an administrative fee subject to prior notice of any such cost before executing the request for a copy of your personal information.

Other parties that may receive the Personal Information:

- We may share your personal information within Sanlam Limited and/or with other service providers where required for any of the purposes listed above, or with third parties where Sanlam Life is lawfully required to do so.
- We may send your personal information to service providers outside the RSA for storage or further processing on Sanlam Life's behalf. We will not send your information to a country that does not have information protection legislation similar to that of the RSA, unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of personal information in accordance with the Protection of Personal Information Act, 2013.

For more information, please refer to the [Sanlam Group Privacy Notice](#).

Member
Quick Access
Self Service



**Get in touch with your
retirement information**

Member Support:

You can update your contact details by registering and logging into our member portal here:

Web: <https://cp.sanlam.co.za> **or Email:** SCClientCare@sanlam.co.za **or Tel:** 086 122 3646

Important Information

- This form acts as a notice by the employee to inform Sanlam of their decision regarding their member share upon leaving the service of their employer.
- Contact Individual Member Support (IMS) on **080 0111 956** or send an e-mail to IMS@sanlam.co.za for support, guidance or referral to a Financial Adviser.

Member decision on leaving the service of the employer:

- At this point, you only need to decide between preserving your savings and taking some/all in cash or transferring it to a different fund.
- By law, the Fund is not able to pay your benefit due to you from the fund, until you have made a decision and inform them of your decision.
- Your Human Resources department will ask you to complete a form (the withdrawal and retirement claim form) where you need to provide further information on your decision.

SECTION A: Member's exiting decision

Please add your name and select one of the retirement options below (tick or cross the box of your selection)

I confirm that I have been informed of the option to speak with a counsellor who can explain the various options available to me (please refer to the Important Information above for the IMS Support contact details). It has been explained to me that the counsellors are not financial advisers, and that any information provided to me by the counsellors does not constitute advice. I accordingly understand that if I want advice, I should consult an accredited financial adviser. I have been made aware that counselling services are available to assist in my decision.

I, herewith confirm that I choose the following option for the payment of my benefit due to me from the Fund.

Option 1: Preserve the full amount	<input type="checkbox"/>
Option 2: Transfer the full benefit to another fund	<input type="checkbox"/>
Option 3: Receive a portion of the benefit in cash and to transfer a portion of the remaining benefit	<input type="checkbox"/>
Option 4: Receive the full benefit in cash	<input type="checkbox"/>

SECTION B: Member's Personal details

Title			
First name(s)			
Surname			
RSA Identity number*		<i>*Compulsory</i>	
If not RSA, passport number*		<i>*Compulsory (if the RSA ID not used)</i>	
Date of birth* (dd/mm/yyyy)		<i>*Compulsory if Passport is used</i>	
Contact number(s)	Cell phone		Alternative
Email			
Employer name			
Fund code			
Member signature		Date (dd/mm/yyyy)	